Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

APPLICATION FOR AMENDED REGISTRATION OF A FOREIGN LIMITED PARTNERSHIP

	LIMITED PARTNERSHIP		
	Please Type or Print Clearly in Ink		
	Please submit one Original and one Photocopy		
	FILING FEE: \$100 payable to SECRETARY OF STATE		
	1 1_11 0 11		
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		FAX #	
1. TI	ne name of the limited partnership is		
1	Note: This must be the exact limited partnership name.		
_		_	
	he amended name of the limited partnership and, if different, the name which it plusiness in South Dakota.	roposes to register	and transact
D	usiness in South Dakota.		
_			
-	The name shall include without abbreviation the words "limited partnership".		
3. T	he state of its formation		
4 T	he date of filing the certificate		
	To date of filling the contineate		
5. F	lease complete only if there is a change to any of the registered agent information	า.	
П	ne South Dakota Registered Agent name		
S	treet Address (Required to be a South Dakota Address) City	State	ZIP+4
M	ailing Address (Optional – Required to be a South Dakota Address) City	State	ZIP+4
	When listing a Commercial Registered Agent, please state their CRA #.		
	This number can be obtained from the Commercial Registered Agent.		

6. Please state the amendment to the certificate.

ss	City	State	ZIP+
SS	City	State	
			ZIP+
d by at least one gene rtner.	ral partner and by	y each other ge	eneral
(Signature of a	general partner)		
(Printed Name)			
(Signature of a	general partner)		
	(Signature of a (Printed Name)	d by at least one general partner and by ritner. (Signature of a general partner) (Printed Name) (Printed Name)	(Signature of a general partner) (Printed Name) (Signature of a general partner)